

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
GREENBELT DIVISION**

In re *Dagmar D. Damour*Case No.
Chapter 7

_____/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | Attached (Yes/No) | No. of Sheets | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|--------------|---------------|-------------|
| A-Real Property | Yes | 1 | \$ 0.00 | | |
| B-Personal Property | Yes | 3 | \$ 12,250.00 | | |
| C-Property Claimed as Exempt | Yes | 1 | | | |
| D-Creditors Holding Secured Claims | Yes | 1 | | \$ 2,831.00 | |
| E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F-Creditors Holding Unsecured Nonpriority Claims | Yes | 12 | | \$ 124,880.00 | |
| G-Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H-Codebtors | Yes | 1 | | | |
| I-Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 2,852.67 |
| J-Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 3,193.00 |
| TOTAL | | 23 | \$ 12,250.00 | \$ 127,711.00 | |

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
GREENBELT DIVISION**

In re *Dagmar D. Damour*

Case No.

Chapter 7

_____/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| | |
|--|-------------|
| Average Income (from Schedule I, Line 16) | \$ 2,852.67 |
| Average Expenses (from Schedule J, Line 18) | \$ 3,193.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ 3,619.67 |

State the following:

| | | |
|--|---------|---------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 124,880.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 124,880.00 |

In re Dagmar D. Damour
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 10/16/2012

Signature /s/ Dagmar D. Damour
Dagmar D. Damour

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In re Dagmar D. Damour,

Debtor(s)

Case No. _____

(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | <div style="border: 1px solid black; padding: 2px; text-align: center;"> Husband--H Wife--W Joint--J Community--C </div> | <div style="text-align: center;"> Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption </div> | <div style="text-align: center;"> Amount of Secured Claim </div> |
|--------------------------------------|---|---|--|---|
| | | | | |
| <i>None</i> | | | | <i>None</i> |
| | | | TOTAL \$ | <i>0.00</i> |

No continuation sheets attached

(Report also on Summary of Schedules.)

In re Dagmar D. Damour

Case No. _____

Debtor(s)

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | None | Description and Location of Property | Husband--H Wife--W Joint--J Community--C | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|--|------|---|---|--|
| | | | | |
| 1. Cash on hand. | | <i>Cash on hand</i> <i>Location: In debtor's possession</i> | | \$50.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | <i>Deposits of money with banks, etc.</i> <i>Location: USAA Federal Savings Bank</i> | | \$250.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | | <i>1 Living Room Set (1 Sofa, 1 Loveseat, 1 Coffee Table, 2 End Tables), 1 Dining Room Set (1 Table, 6 Chairs), 1 Bedroom Set (1 Bed, 1 Dresser), 1 Microwave, 2 TVs, 3 Lamps, and other miscellaneous household goods and furnishings</i> <i>Location: In debtor's possession</i> | | \$2,500.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | <i>15 Shirts, 10 Pairs of Pants, 10 Pairs of Shoes, 7 Pairs of Jeans, 8 Dresses, 6 Skirts, 6 Suits, 3 Blazers, 5 Belts, 5 Jackets, 4 Coats, 5 Purses, and other miscellaneous wearing apparel</i> <i>Location: In debtor's possession</i> | | \$1,200.00 |
| 7. Furs and jewelry. | | <i>Watch, Rings, Necklaces, Earrings</i> <i>Location: In debtor's possession</i> | | \$250.00 |

In re Dagmar D. Damour

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N o n e | Description and Location of Property | <div> Husband--H Wife--W Joint--J Community--C </div> | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|--|------------------|--|---|--|
| | | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts Receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | | Anticipated Tax Refund Location: In debtor's possession | | \$5,000.00 |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | X | | | |
| 20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor | X | | | |

In re Dagmar D. Damour,Case No. _____
(if known)

Debtor(s)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N o n e | Description and Location of Property | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Husband--H Wife--W Joint--J Community--C </div> Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|---|------------------|--|---|
| primarily for personal, family, or household purposes. | | | |
| 25. Automobiles, trucks, trailers and other vehicles and accessories. | | 2003 Dodge Durango Location: In debtor's possession | \$3,000.00 |
| 26. Boats, motors, and accessories. | X | | |
| 27. Aircraft and accessories. | X | | |
| 28. Office equipment, furnishings, and supplies. | X | | |
| 29. Machinery, fixtures, equipment and supplies used in business. | X | | |
| 30. Inventory. | X | | |
| 31. Animals. | X | | |
| 32. Crops - growing or harvested. Give particulars. | X | | |
| 33. Farming equipment and implements. | X | | |
| 34. Farm supplies, chemicals, and feed. | X | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | |
| | | | |
| Total ➡ | | | \$12,250.00 |

Case No. _____
(if known)

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$146,450.*
(Check one box)

☐ 11 U.S.C. § 522(b) (2)

☒ 11 U.S.C. § 522(b) (3)

* Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| (Report also on Summary of Schedules.) | (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data) |
|--|---|
|--|---|

In re Dagmar D. Damour,

Debtor(s)

Case No. _____

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|---|--|------------|--------------|----------|--------------------|
| | | | | | | |
| Account No: Creditor # : 1 Aaron Sales & Lease Ownerships 1015 Cobb Place Blvd, NW Kennesaw GA 30144 | H--Husband W--Wife J--Joint C--Community | Consumer Debt | | | | \$ 987.00 |
| Account No: Creditor # : 2 American Express P.O. Box 981537 El Paso TX 79998 | | Consumer Debt | | | | \$ 465.00 |
| Account No: Creditor # : 3 Anthony Isenalumhe 595 Newark Avenue Jersey City NJ 07306 | | Consumer Debt | | | | \$ 7,103.00 |
| Subtotal \$ | | | | | | \$ 8,555.00 |
| Total \$ | | | | | | |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

11 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|--|------------|--------------|----------|--------------------|
| | | | | | | |
| Account No: Creditor # : 4 Ashford University c/o Williams & Fudge Inc. P.O. Box 266 Rock Hill SC 29731 | | Consumer Debt | | | | \$ 1,691.00 |
| Account No: Creditor # : 5 Aspire Visa c/o Midland Funding 8875 Aero Drive, Suite 200 San Diego CA 92123 | | Consumer Debt | | | | \$ 1,041.00 |
| Account No: Creditor # : 6 Bon Secours Med Associates c/o Equidata P.O. Box 6610 Newport News VA 23606 | | Medical Bills | | | | \$ 280.00 |
| Account No: Creditor # : 7 Chervelle Lewis Medfield Court Waldorf MD 20603 | | Consumer Debt | | | | \$ 180.00 |
| Account No: Creditor # : 8 Comcast c/o Eastern Account System 75 Glen Road, Suite 110 Sandy Hook CT 06482 | | Consumer Debt | | | | \$ 766.00 |

Sheet No. 1 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$** **\$ 3,958.00****Total \$**(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|--|------------|--------------|----------|---|
| H--Husband W--Wife J--Joint C--Community | | | | | | |
| Account No: Creditor # : 9 Cox Communications c/o I C System, Inc. P.O. Box 64378 Saint Paul MN 55164 | | Consumer Debt | | | | \$ 172.00 |
| Account No: Creditor # : 10 CSG Neurology c/o Credit Control Corp. 11821 Rock Landing Drive Newport News VA 23606 | | Medical Bills | | | | \$ 225.00 |
| Account No: Creditor # : 11 District of Columbia Govt c/o Professional Acct. Mgmt. P.O. Box 391 Milwaukee WI 53201 | | Consumer Debt | | | | \$ 55.00 |
| Account No: Creditor # : 12 Dominion Power P.O. Box 26666 Richmond VA 23261 | | Utility Bills | | | | \$ 356.00 |
| Account No: Representing: Dominion Power | | Alliance One 1684 Woodlands Drive Suite 150 Maumee OH 43537 | | | | |
| Sheet No. <u>2</u> of <u>11</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal \$ Total \$ \$ 808.00 |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|--|------------|--------------|----------|--------------------|
| | | | | | | |
| Account No: Creditor # : 13 Dr. James Mixon c/o I C System, Inc. P.O. Box 64378 Saint Paul MN 55164 | | Medical Bills | | | | \$ 125.00 |
| Account No: Creditor # : 14 Drive Financial c/o Palisades Collection P.O. Box 1244 Englewood Cliffs NJ 07632 | | Deficiency Following Repossession | | | | \$ 8,672.00 |
| Account No: Creditor # : 15 Drivetime 7300 E Hampton Avenue Suite 101 Mesa AZ 85209 | | Deficiency Following Repossession | | | | \$ 9,937.00 |
| Account No: Creditor # : 16 DT Credit Corp. P.O. Box 29018 Phoenix AZ 85038 | | Deficiency Following Repossession | | | | \$ 9,556.00 |
| Account No: Creditor # : 17 Emergency Physicians of Tidewater c/o Credit Control Corp. 11821 Rock Landing Drive Newport News VA 23606 | | Medical Bills | | | | \$ 180.00 |

Sheet No. 3 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 28,470.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|--|------------|--------------|----------|--------------------|
| | | | | | | |
| Account No: Creditor # : 18 First Bank of Delaware c/o Continental Finance P.O. Box 11743 Wilmington DE 19850 | | Consumer Debt | | | | \$ 506.00 |
| Account No: Creditor # : 19 First Premier Bank 601 S Minnesota Avenue Sioux Falls SD 57104 | | Consumer Debt | | | | \$ 414.00 |
| Account No: Creditor # : 20 Fort Washington Medical Center c/o Global Credit 20010 Century Blvd., Suite 420 Germantown MD 20874 | | Medical Bills | | | | \$ 58.00 |
| Account No: Creditor # : 21 HSBC Bank USA P.O. Box 15524 Wilmington DE 19850 | | Consumer Debt | | | | \$ 1,575.00 |
| Account No: Creditor # : 22 Kindericare P.O. Box 6330 Portland OR 97228 | | Consumer Debt | | | | \$ 250.00 |

Sheet No. 4 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 2,803.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|--|------------|--------------|----------|--------------------|
| | | | | | | |
| Account No: Creditor # : 23 Langley Federal Credit Union c/o Equidata P.O. Box 6610 Newport News VA 23606 | | Consumer Debt | | | | \$ 230.00 |
| Account No: Creditor # : 24 Liberty University Student Accounts P.O. Box 10425 Lynchburg VA 24506 | | Consumer Debt | | | | \$ 2,497.00 |
| Account No: Creditor # : 25 Medical Center Radiology c/o Credit Control Corp. 11821 Rock Landing Drive Newport News VA 23606 | | Medical Bills | | | | \$ 119.00 |
| Account No: Creditor # : 26 Medical Center Radiology c/o Credit Control Corp. 11821 Rock Landing Drive Newport News VA 23606 | | Medical Bills | | | | \$ 138.00 |
| Account No: Creditor # : 27 Medical Payment Data c/o Quality Asset Recovery 7 Foster Avenue, Suite 101 Gibbsboro NJ 08026 | | Consumer Debt | | | | \$ 44.00 |

Sheet No. 5 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 3,028.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|--|------------|--------------|----------|-----------------|
| | | | | | | |
| Account No: | | | | | | \$ 224.00 |
| Creditor # : 28 Medical Payment Data c/o Quality Asset Recovery 7 Foster Avenue, Suite 101 Gibbsboro NJ 08026 | | Consumer Debt | | | | |
| Account No: | | | | | | \$ 1,041.00 |
| Creditor # : 29 Midland Credit Mgmt. 8875 Aero Drive Suite 200 San Diego CA 92123 | | Consumer Debt | | | | |
| Account No: | | | | | | \$ 400.00 |
| Creditor # : 30 National Credit Adjusters P.O. Box 3023 Hutchinson KS 67504 | | Consumer Debt | | | | |
| Account No: | | | | | | \$ 8,672.00 |
| Creditor # : 31 Palisades 210 Sylvan Avenue Englewood Cliffs NJ 07632 | | Consumer Debt | | | | |
| Account No: | | | | | | \$ 428.00 |
| Creditor # : 32 Patient First c/o Receivable Management 7206 Hull Street, Suite 211 Richmond VA 23235 | | Medical Bills | | | | |

Sheet No. 6 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 10,765.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|--|------------|--------------|----------|-----------------|
| | | | | | | |
| Account No: | | | | | | |
| Creditor # : 33 Pediatrics After Hours c/o Chesapeake Receivables 10 Saint Patricks Dr., #5 Waldorf MD 20603 | | Medical Bills | | | | \$ 120.00 |
| Account No: | | | | | | |
| Creditor # : 34 Progressive Insurance c/o NCO Financial Services 507 Prudential Road Horsham PA 19044 | | Consumer Debt | | | | \$ 274.00 |
| Account No: | | | | | | |
| Creditor # : 35 Public Service Electric Gas c/o Mercantile Adjustment 6390 Main Street, S-160 Buffalo NY 14221 | | Utility Bills | | | | \$ 1,586.00 |
| Account No: | | | | | | |
| Creditor # : 36 Public Storage c/o Allied Interstate, LLC 3000 Corporate Exchange Drive Columbus OH 43231 | | Consumer Debt | | | | \$ 386.00 |
| Account No: | | | | | | |
| Creditor # : 37 Queens Borough Public Library c/o Unique National Collection 119 E. Maple Street Jeffersonville IN 47130 | | Consumer Debt | | | | \$ 129.00 |

Sheet No. 7 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,495.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|--|------------|--------------|----------|-----------------|
| | | | | | | |
| Account No: | | | | | | |
| Creditor # : 38 Queens Long Island Medical Group c/o Paul Michael Marketing 18609 Union Tpke Fresh Meadows NY 11366 | | Medical Bills | | | | \$ 55.00 |
| Account No: | | | | | | |
| Creditor # : 39 Regional Acceptance Corp. 304 Kellam Road Virginia Beach VA 23462 | | Redeemed Repossession | | | | \$ 24,072.00 |
| Account No: | | | | | | |
| Creditor # : 40 Rodale 400 South 10th Street Emmaus PA 18098 | | Consumer Debt | | | | \$ 48.00 |
| Account No: | | | | | | |
| Creditor # : 41 Sallie Mae 11100 USA Parkway Fishers IN 46037 | | Student Loans | | | | \$ 7,935.00 |
| Account No: | X | | | | | |
| Creditor # : 42 Santander Consumer USA Inc. P.O. Box 961245 Fort Worth TX 76161 | | Consumer Debt | | | | \$ 15,600.00 |

Sheet No. 8 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 47,710.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H--Husband W--Wife J--Joint C--Community | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|---|------------|--------------|----------|---|
| | | | | | | |
| Account No: Creditor # : 43 Sprint c/o Convergent Outsourcing 800 SW 39th Street Renton WA 98057 | | Consumer Debt | | | | \$ 869.00 |
| Account No: Representing: Sprint | | Enhanced Recovery 8014 Bayberry Road Jacksonville FL 32256 | | | | |
| Account No: Creditor # : 44 Sprint c/o Enhanced Recovery 8014 Bayberry Road Jacksonville FL 32256 | | Consumer Debt | | | | \$ 760.00 |
| Account No: Creditor # : 45 Sprint 8014 Bayberry Road Jacksonville FL 32256 | | Consumer Debt | | | | \$ 869.00 |
| Account No: Creditor # : 46 State of Maryland 301 W Preston Street Baltimore MD 21201 | | Taxes | | | | \$ 5,591.00 |
| Sheet No. <u>9</u> of <u>11</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal \$ <u>\$ 8,089.00</u> Total \$ _____ (Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related |

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|--|------------|--------------|----------|-----------------|
| | | | | | | |
| Account No: | | | | | | |
| Creditor # : 47 Tidewater Diagnostic c/o Credit Control Corp. 11821 Rock Landing Drive Newport News VA 23606 | | Consumer Debt | | | | \$ 60.00 |
| Account No: | | | | | | |
| Creditor # : 48 U.S. Dept. of Education Direct Loan Servicing Center P.O. Box 5202 Greenville TX 75403 | | Student Loans | | | | \$ 5,000.00 |
| Account No: | | | | | | |
| Creditor # : 49 University of Maryland University College Office of Student Accounts 3501 University Blvd. Hyattsville MD 20783 | | Consumer Debt | | | | \$ 839.00 |
| Account No: | | | | | | |
| Creditor # : 50 Verizon 500 Technology Drive Suite 300 Saint Charles MO 63304 | | Consumer Debt | | | | \$ 2,038.00 |
| Account No: | | | | | | |
| Creditor # : 51 Virginia Employment Commission Accounts Receivable. Rm. 305 P.O. Box 1358 Richmond VA 23218 | | Consumer Debt | | | | \$ 51.00 |

Sheet No. 10 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 7,988.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Dagmar D. Damour,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|---|--|------------|--------------|----------|------------------|
| | | | | | | |
| Account No: <i>Creditor # : 52 Wells Fargo P.O. Box 25341 Santa Ana CA 92799-5100</i> | H--Husband W--Wife J--Joint C--Community | <i>Consumer Debt</i> | | | | <i>\$ 211.00</i> |
| Account No: | | | | | | |
| Account No: | | | | | | |
| Account No: | | | | | | |
| Account No: | | | | | | |

Sheet No. 11 of 11 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$*\$ 211.00***Total \$***\$ 124,880.00*

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Dagmar D. Damour / DebtorCase No. _____
(if known)**SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract. | Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract. |
|---|---|
| | |

In re Dagmar D. Damour / DebtorCase No. _____
(if known)**SCHEDULE H-CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if the debtor has no codebtors.

| Name and Address of Codebtor | Name and Address of Creditor |
|------------------------------|--|
| Maurice Jones | Santander Consumer USA Inc. P.O. Box 961245 Fort Worth TX 76161 |

In re Dagmar D. Damour

Debtor(s)

Case No. _____

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| | | |
|---|--|--|
| Debtor's Marital Status: Single | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): daughter daughter son | AGE(S): 16 6 4 |
| EMPLOYMENT: DEBTOR | | SPOUSE |
| Occupation Administrative Assistant | | |
| Name of Employer Outsource Telecom | | |
| How Long Employed 1 yr. | | |
| Address of Employer 219 Scott's Street, #314 Beaufort SC 29902 | | |
| INCOME: (Estimate of average or projected monthly income at time case filed) | | |
| | DEBTOR | SPOUSE |
| 1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly) | \$ 3,466.67 | \$ 0.00 |
| 2. Estimate monthly overtime | \$ 0.00 | \$ 0.00 |
| 3. SUBTOTAL | \$ 3,466.67 | \$ 0.00 |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and social security | \$ 767.00 | \$ 0.00 |
| b. Insurance | \$ 0.00 | \$ 0.00 |
| c. Union dues | \$ 0.00 | \$ 0.00 |
| d. Other (Specify): | \$ 0.00 | \$ 0.00 |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 767.00 | \$ 0.00 |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ 2,699.67 | \$ 0.00 |
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ 0.00 | \$ 0.00 |
| 8. Income from real property | \$ 0.00 | \$ 0.00 |
| 9. Interest and dividends | \$ 0.00 | \$ 0.00 |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ 153.00 | \$ 0.00 |
| 11. Social security or government assistance (Specify): | \$ 0.00 | \$ 0.00 |
| 12. Pension or retirement income | \$ 0.00 | \$ 0.00 |
| 13. Other monthly income (Specify): | \$ 0.00 | \$ 0.00 |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ 153.00 | \$ 0.00 |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ 2,852.67 | \$ 0.00 |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | \$ 2,852.67 | |
| (Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data) | | |
| 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: | | |

In re Dagmar D. Damour,
Debtor(s)Case No. _____
(if known)**SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | | |
|--|----|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 1,416.00 |
| a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 250.00 |
| b. Water and sewer | \$ | 0.00 |
| c. Telephone | \$ | 0.00 |
| d. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | \$ | 400.00 |
| 5. Clothing | \$ | 100.00 |
| 6. Laundry and dry cleaning | \$ | 70.00 |
| 7. Medical and dental expenses | \$ | 60.00 |
| 8. Transportation (not including car payments) | \$ | 300.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 100.00 |
| 10. Charitable contributions | \$ | 0.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 220.00 |
| e. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage) (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | 277.00 |
| b. Other: | \$ | 0.00 |
| c. Other: | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other: | \$ | 0.00 |
| Other: | \$ | 0.00 |
| 18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | 3,193.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 16 of Schedule I | \$ | 2,852.67 |
| b. Average monthly expenses from Line 18 above | \$ | 3,193.00 |
| c. Monthly net income (a. minus b.) | \$ | (340.33) |